



PTO/SB/21 (07-06)

Approved for use through 09/30/2006

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TRANSMITTAL FORM		Application Number		09/873,316			
(to be used for all correspondence after initial filing)		Filing Date		June 5, 2001			
		First Named Inventor		Louis Jacobus Botha			
		Art Unit		2616			
		Examiner Name		Ho, Chuong T.			
Total Number of Pages in This Submission		7		Attorney Docket Number		16102US01	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal - 1 page, in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
		Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm		McAndrews Held & Malloy, Ltd.					
Signature		<i>Michael T. Cruz</i>					
Printed Name		Michael T. Cruz					
Date		January 25, 2007					
CERTIFICATE OF MAILING							
I hereby certify that the attached Transmittal (1 page); Fee Transmittal (1 page, in duplicate); Petition for Extension of Time (1 page, in duplicate); and Notice of Appeal (1 page, in duplicate) are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 25, 2007							
Name (Print/type)		Michael T. Cruz		Registration No. (Attorney/Agent)		44,636	
Signature		<i>Michael T. Cruz</i>				Date January 25, 2007	

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Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2007</h2>		Complete if Known																																																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/873,316																																																			
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TOTAL AMOUNT OF PAYMENT (\$)		620.00	Attorney Docket No.	16102US01																																																		
METHOD OF PAYMENT (check all that apply)																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																						
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																																																						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																						
	FILING FEES		SEARCH FEES		EXAMINATION FEES																																																	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																															
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Design	200	100	100	50	130	65																																																
Plant	200	100	300	150	160	80																																																
Reissue	300	150	500	250	600	300																																																
Provisional	200	100	0	0	0	0																																																
2. EXCESS CLAIM FEES																																																						
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Each claim over 20 (including Reissues)							50																																															
Each independent claim over 3 (including Reissues)							200																																															
Multiple dependent claims							360																																															
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><u>Total Claims</u></td> <td style="text-align: right;"><u>Extra Claims</u></td> <td style="text-align: right;"><u>Fee (\$)</u></td> <td style="text-align: right;"><u>Fee Paid (\$)</u></td> <td style="width: 20%;"></td> <td style="text-align: right;"><u>Multiple Dependent Claims</u></td> <td style="text-align: right;"><u>Fee</u></td> <td style="text-align: right;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: right;">-20 or HP</td> <td style="text-align: center;">x</td> <td></td> <td style="text-align: center;">=</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td style="text-align: right;"><u>Indep. Claims</u></td> <td style="text-align: right;"><u>Extra Claims</u></td> <td style="text-align: right;"><u>Fee (\$)</u></td> <td style="text-align: right;"><u>Fee Paid (\$)</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">-3 or HP</td> <td style="text-align: center;">x</td> <td></td> <td style="text-align: center;">=</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>	-20 or HP	x		=					HP = highest number of total claims paid for, if greater than 20								<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					-3 or HP	x		=					HP = highest number of independent claims paid for, if greater than 3							
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3. APPLICATION SIZE FEE																																																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																						
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><u>Total Sheets</u></td> <td style="text-align: right;"><u>Extra Sheets</u></td> <td style="text-align: right;"><u>Number of each additional 50 or fraction thereof</u></td> <td style="text-align: right;"><u>Fee (\$)</u></td> <td style="text-align: right;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: right;">-100</td> <td style="text-align: right;">/50</td> <td style="text-align: right;">(round up to a whole number)</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	-100	/50	(round up to a whole number)	x	=																																					
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4. OTHER FEE(S)																																																						
Non-English Specification, \$130 fee (no small entity discount)																																																						
Other (e.g., late filing surcharge): <u>Notice of Appeal (\$500); One Month Extension of Time (\$120)</u>							\$620.00																																															
SUBMITTED BY																																																						
Signature		Registration No.		Telephone																																																		
Michael T. Cruz		44,636		(312)775-8000																																																		
Name (print/type)		Date																																																				
Michael T. Cruz		January 25, 2007																																																				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.